



# House of Representatives

General Assembly

**File No. 301**

*January Session, 2003*

Substitute House Bill No. 5618

*House of Representatives, April 10, 2003*

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT ESTABLISHING A MEDICATION TECHNICIAN PILOT PROGRAM.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1       Section 1. (NEW) (*Effective October 1, 2003*) (a) For purposes of this  
2 section and section 2 of this act, (1) "medication technician" means an  
3 individual who (A) is currently listed in good standing on the state of  
4 Connecticut nurse's aide registry and has maintained said registration  
5 for a minimum period of two years, (B) has been recommended by the  
6 director of nurses at the facility at which the nurse aide is employed,  
7 (C) has a high school degree or equivalent, (D) has taken and passed a  
8 literacy and reading comprehension screening process prescribed by  
9 the Department of Public Health, and (E) has successfully completed a  
10 medication technician training program approved by the department,  
11 and (2) "facilities" means chronic and convalescent nursing homes and  
12 rest homes with nursing supervision, licensed pursuant to chapter  
13 368v of the general statutes. The Commissioner of Public Health shall  
14 establish a pilot program to implement and evaluate the use of

15 medication technicians in chronic and convalescent nursing homes and  
16 rest homes with nursing supervision, licensed pursuant to chapter  
17 368v of the general statutes. The pilot program shall commence on or  
18 before April 1, 2004, and shall terminate not later than September 30,  
19 2006.

20 (b) The commissioner shall designate no more than thirty facilities  
21 to conduct the pilot program. Facilities may apply for designation on  
22 forms prescribed by the department. In reviewing applications for  
23 participation, the commissioner shall consider factors including, but  
24 not necessarily limited to, facility size, geographic location, patient care  
25 history and staffing patterns in accordance with state and federal  
26 requirements.

27 (c) Designated facilities may permit medication technicians and  
28 individuals enrolled in a department-approved medication technician  
29 training program to administer oral and topical nonprescription drugs  
30 and legend drugs, except for controlled substances as defined in  
31 section 21a-240 of the general statutes, under the direct supervision of  
32 a registered nurse and in accordance with a standard written protocol  
33 developed by the department. Medication technicians and individuals  
34 enrolled in a medication technician training program shall only  
35 administer such medications in accordance with this subsection.

36 (d) The department shall approve medication technician training  
37 programs that include, but are not necessarily limited to, the following  
38 components: (1) Seventy-five hours of classroom instruction, which  
39 shall include a minimum of forty-five hours of pharmacology training;  
40 (2) supervised practical experience of eighty clinical hours; (3) a final  
41 written examination; and (4) a final practical examination, which shall  
42 be administered by a registered nurse. There shall be no changes to an  
43 approved training program without the prior written approval of the  
44 department.

45 (e) Medication technicians shall not be counted when calculating the  
46 minimum required staffing levels and staff-to-resident ratios required  
47 by the department.

48 (f) The facility participating in the pilot program shall provide for a  
49 one-to-one ratio of registered nurses to medication technicians and  
50 individuals completing the clinical component of a medication  
51 technician training program.

52 (g) No provision of chapter 378 of the general statutes shall be  
53 construed as prohibiting the administration of oral or topical  
54 medications by medication technicians, to persons who reside in a  
55 nursing home, as defined in subsection (c) of section 19a-490 of the  
56 general statutes, when such medication is administered under the  
57 direct supervision of a registered nurse, pursuant to the written order  
58 of a physician or a physician assistant licensed under chapter 370 of  
59 the general statutes, a dentist licensed under chapter 379 of the general  
60 statutes, or an advanced practice registered nurse licensed under  
61 chapter 378 of the general statutes; nor shall it be construed as  
62 prohibiting registered nurse's aides who are enrolled in an approved  
63 medication technician training program from performing such work as  
64 is incidental to their course of study.

65 Sec. 2. (NEW) (*Effective October 1, 2003*) (a) All facilities designated  
66 to participate in the pilot program established pursuant to section 1 of  
67 this act shall agree to comply with the medication technician pilot  
68 program protocol as developed by the Department of Public Health  
69 pursuant to subsection (c) of section 1 of this act, and to submit  
70 periodic reports to the department, in accordance with such protocol.

71 (b) (1) The reports shall include, but not necessarily be limited to,  
72 listing of individuals participating in a medication technician training  
73 program, listing of individuals who have successfully completed a  
74 medication technician training program and are being utilized as  
75 medication technicians and listing of all medication errors made by  
76 medication technicians or individuals enrolled in an approved  
77 medication technician training program.

78 (2) The department shall collect listings of medication errors from  
79 not less than ten chronic and convalescent nursing homes or rest  
80 homes with nursing supervision licensed pursuant to chapter 368v of

81 the general statutes that are not participating in the medication  
82 technician pilot program.

83 (c) Each facility shall provide detailed reports to the department.  
84 The detailed reports shall include all information required by  
85 subsection (b) of this section, plus an analysis of time spent with  
86 patients by registered nurses before and after the pilot program began,  
87 analysis of all medication errors made by medication technicians or  
88 individuals enrolled in an approved medication technician program,  
89 and such other information as the Commissioner of Public Health may  
90 require.

91 (d) Facilities shall not allow a medication technician to administer  
92 medications if a pattern of medication errors is noted or if the  
93 medication technician is found to have diverted any patient  
94 medication.

95 (e) Approval to participate in the pilot program may be revoked at  
96 any time for failure to comply with the provisions of this section and  
97 section 1 of this act or the medication technician pilot program  
98 protocol.

99 (f) The Commissioner of Public Health shall report, in accordance  
100 with section 11-4a of the general statutes, to the joint standing  
101 committee of the General Assembly having cognizance of matters  
102 relating to public health not later than January 1, 2005, and annually  
103 thereafter, concerning the results of the pilot program established  
104 pursuant to section 1 of this act. The report shall include, but not be  
105 limited to, recommendations regarding state certification and or  
106 registration of medication technicians.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>

***Statement of Legislative Commissioners:***

In subsection (g) of section 1, "direct" was added before "supervision" for consistency with subsection (c). In subsection (f) of section 2, the word "preliminary" was deleted before "results" for accuracy since the report is submitted annually.

***PH******Joint Favorable Subst.***

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

## **OFA Fiscal Note**

### **State Impact:**

<b>Agency Affected</b>	<b>Fund-Type</b>	<b>FY 04 \$</b>	<b>FY 05 \$</b>	<b>FY 06 \$</b>
Department of Public Health	General Fund - Cost	\$14,560	\$50,830	\$12,930
Comptroller's Miscellaneous Accounts (Fringe Benefits)	General Fund - Cost	\$2,380	\$20,320	\$5,080
Department of Social Services	General Fund - Savings	Potential Minimal	Potential Minimal	Potential Minimal

**Municipal Impact:** None

### **Explanation**

Passage of this bill will result in an FY 04 cost to the state of approximately \$16,940. Included in this sum is \$14,560 to support the three-month salaries of one half-time Nurse Consultant and one half-time Office Assistant under the Department of Public Health as well as associated other expenses. Also included are \$2,380 in fringe benefit costs, which are budgeted centrally in miscellaneous accounts administered by the Comptroller<sup>1</sup>.

These positions would be required to perform various duties associated with the implementation of the medication technician pilot program, including: reviewing applications for participation; approving training programs; compiling data regarding medication

<sup>1</sup> The total fringe benefit reimbursement rate as a percentage of payroll is 40.21 percent, effective July 1, 2002. However, first year fringe benefit costs for new positions do not include pension costs, lowering the rate to 18.81 percent in FY 04.

errors in long term care facilities and time spent with patients by nurses; monitoring facility compliance with program guidelines; and developing recommendations by January 1, 2005.

In FY 05 the annualized cost for the two positions would be \$71,150 (\$50,830 DPH; \$20,320 fringe benefits). The associated FY 06 cost would be \$18,010 (\$12,930 DPH; \$5,080 fringe benefits) as only three months of work would be required during that fiscal year.

The Medicaid program currently pays for approximately two-thirds of nursing home bed days in Connecticut. To the extent that the pilot program results in fewer hours billed for registered nurses, savings to the Medicaid program may result. Given the limited scope of the pilot program, any such savings are expected to be minimal. The program may also result in a shift in staffing patterns, but not in overall staffing levels that are billed to Medicaid. In such a case, there would be no impact to the Medicaid program.

---

**OLR Bill Analysis****sHB 5618*****AN ACT ESTABLISHING A MEDICATION TECHNICIAN PILOT PROGRAM*****SUMMARY:**

This bill establishes a pilot program allowing trained medication technicians to administer certain medications to patients in up to 30 nursing homes around the state. Specifically, the bill:

1. establishes requirements individuals must meet in order to become medication technicians, requires the Department of Public Health (DPH) to approve medication technician training programs, and establishes standards for the programs;
2. requires DPH to designate the nursing homes participating in the pilot program based on an application and review process;
3. allows medication technicians to administer certain medications to nursing home residents under the direct supervision of a registered nurse (RN) and according to a DPH standard written protocol;
4. prohibits counting medication technicians toward required nursing home staffing levels and ratios;
5. requires nursing homes participating in the pilot program to submit detailed reports to DPH on their medication technician usage, including a list and analysis of medication errors;
6. prohibits a medication technician from administering medications if a pattern of error is found;
7. allows DPH to revoke a nursing home's participation at any time for failure to comply with the bill's provisions as well as the DPH protocol; and
8. requires DPH to report to the Public Health Committee on the program.



EFFECTIVE DATE: October 1, 2003

## **MEDICATION TECHNICIAN PILOT PROGRAM**

### ***Application for Program and Program Basics***

The pilot program must begin by April 1, 2004 and end by September 30, 2006. The DPH commissioner must designate up to 30 facilities to participate in the program. Nursing homes can apply on DPH forms with the department reviewing applications considering factors such as facility size, location, patient care history, and staffing patterns according to state and federal requirements.

Selected nursing homes can allow medication technicians and individuals enrolled in DPH-approved training programs (see below) to administer oral and topical nonprescription and prescription drugs under the direct supervision of an RN and according to a standard written protocol developed by DPH. A medication technician cannot administer controlled substances. ("Controlled substances" are grouped in Schedules I through V, according to their decreasing tendency to promote abuse or dependency. Schedule I substances are the most strictly controlled because of their high potential for abuse. State and federal laws authorize prescribing drugs on Schedules II through V; most Schedule I drugs do not have any approved medical use.)

Medication technicians can only administer allowed medications to nursing home residents under direct RN supervision and pursuant to the written order of a physician, physician assistant, dentist, or advanced practice registered nurse. The bill specifies that it does not prohibit registered nurse's aides in approved medication technician training programs from performing work incidental to their study.

### ***Medication Technician Requirements***

The bill defines a "medication technician" as a person who (1) is currently listed in good standing on Connecticut's nurse's aide registry and has maintained registration for at least two years; (2) is recommended by a nursing home's director of nurses; (3) has a high school or equivalent degree; (4) has passed a DPH-prescribed literacy and reading comprehension screening process; and (5) successfully

completed a DPH-approved medication technician training program.

### ***Medication Technician Training Programs***

Under the bill, DPH must approve medication technician training programs. Approved programs must include: (1) 75 hours of classroom instruction, with a minimum 45 hours of pharmacology training; (2) a supervised practical experience of 80 clinical hours; (3) a final written examination; and (4) a final practical examination administered by an RN. DPH must approve any changes to an approved program.

### ***Nursing Home Reporting Responsibilities and Medication Errors***

Nursing homes participating in the pilot program must agree to comply with DPH's protocol and submit periodic reports to DPH. Reports must include lists of (1) those participating in training programs, (2) those successfully completing a medication technician training program and being used by the facility as such, and (3) all medication errors made by medication technicians or those in approved training programs.

DPH must collect lists of medication errors from at least 10 nursing homes not participating in the pilot.

Each facility in the pilot program must provide DPH with detailed reports including all information cited above plus (1) an analysis of the time spent by RNs with patients before and after the pilot program began, (2) an analysis of all medication errors by medication technicians or those in approved programs, and (3) other information DPH requires.

Under the bill, a nursing home cannot allow a medication technician to administer medications if a pattern of errors is noted or if the medication technician has diverted any patient medication.

### ***Staffing Levels and Ratios***

The bill specifies that medication technicians cannot be counted when calculating minimum staffing levels and staff-patient ratios required by DPH. The bill requires nursing homes in the pilot program to have a one-to-one ratio of RNs to medication technicians and individuals

completing the clinical component of the training program.

***Reports to Legislature***

The bill requires DPH to report annually to the Public Health Committee, beginning January 1, 2005, concerning the preliminary results of the pilot program. The report must address recommendations on state certification or registration of medication technicians.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 18      Nay 3